

PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
Alexandria, Virginia 22313-1450
Fax (703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

08/07/2003

Nancy W Vensko
 Knobbe Martens Olson & Bear LLP
 620 Newport Center Drive
 Sixteenth Floor
 Newport Beach, CA 92660-8016

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Nancy W. Vensko, Reg. #36,298 (Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/610,034

07/05/2000

Xin-Xing Gu

NIH142.001C1

4610

TITLE OF INVENTION: LIPOOLIGOSACCHARIDE BASED VACCINE FOR PREVENTION OF MORAXELLA (BRANHAMELLA) CATARRHALIS INFECTIONS IN HUMANS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1300

\$0

\$1300

11/07/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SHAHNAN SHAH, KHATOL S

1645

424-251100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe, Martens,2. Olson & Bear LLP

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

The Government of the United States of America, as represented
 by the Secretary, Department of Health & Human Services

Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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Nancy W. Vensko, Reg. # 36,298

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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11/12/2003 CNGUYEN1 00000049 09610034

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11/12/2003 CNGUYEN1 00000049 111410 09610034

01 FC:1501

30.00 DP

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



PATENT

Case Docket No. NIH142.001C1

Date: November 7, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

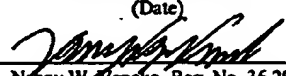
Applicant(s) : Gu et al.
Appl. No. : 09/610,034
Filed : July 5, 2000
For : LIPOOLIGOSACCHARIDE
BASED VACCINE FOR
PREVENTION OF
MORAXELLA
(BRANHAMELLA)
CATARRHALIS INFECTIONS
IN HUMANS

Group Art Unit : 1645
Class/Sub-Class : 424/251100
Examiner : Shahnan Shah, Khatol S.

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November 7, 2003

(Date)


Nancy W. Vensko, Reg. No. 36,298

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1330 to cover the issue fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.

PATENT

Case Docket No. NIH142.001C1

Date: November 7, 2003

(X) Return prepaid postcard.



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